

Restoring the Balance of Justice

27th Annual Crime Victims'
Conference

Utah Council on Victims of Crime

Call for Nominations:

UTAH CRIME VICTIMS' SERVICE AWARDS

April 24 - 25, 2014
Utah State Capitol
Salt Lake City, Utah

**Nominations Due: Wednesday,
March 19, 2014**

Submit nominations online to judyblack@utah.gov

Or by mail:

Utah Office for Victims of Crime
350 East 500 South, Suite 200, SLC, UT 84111

NOMINATION SUBMISSION GUIDELINES

Each nomination form must be accompanied by a 100-word abstract and nomination letter.

1. The abstract (100 words or less) should outline the nominee's accomplishments and your reason for nominating this individual, program, team, or organization. The abstract should describe why the person or persons you are nominating should receive this award, what they have accomplished that sets them apart from colleagues in their field, and how their accomplishments benefit the community.

If you, the nominator, are affiliated with an organization, your nomination letter should be submitted on official stationery with your signature and position or title. No anonymous nominations will be accepted.

2. Each form must include the nominee's full name, title, organization affiliation, address, telephone number, and e-mail address. If you are nominating an organization, program, team, or group, please have all of the people who would attend the ceremony to accept an award provide the following required information: name, title, contact information, and e-mail.

3. If you are nominating a group of individuals who work on a specific project, please submit one nomination letter for the group of individuals with a separate nomination form for each individual in that group. All required information is listed above and must accompany the submission. Please note that only one plaque will be presented per group, team, or organization. Therefore, it is important to indicate the same plaque name consistently on each nomination form provided for a group of individuals. If the nominee is an individual, please indicate in the space provided whether another name (e.g., a nickname) needs to

appear on the award plaque if the nominee is selected.

4. Your nomination letter should not exceed two single-spaced, single-sided, letter-size (8.5" x 11") pages, and should be typed using a standard, 12 point font. This letter should reflect as much as you know about your nominee's accomplishments and services in supporting crime victims.

5. Please provide any additional information about the nominated individual or program that should be considered in the review process. Support documentation, such as newspaper articles or resumes, can be attached if it is relevant to the nominee's contributions. Please note: videos, bound publications, and notebooks should not be submitted. Also, supporting documentation will not be accepted after the documentation deadline.

6. The entire, nomination package, including supplemental information and letters of support, may not exceed 10 single-spaced, single-sided, letter-sized pages. Nominations exceeding this limit will not be considered. If you are submitting your nomination in print form, please provide an original and two copies of the entire nomination package.

Submit the complete nomination package on or before March 19, 2014 online to judyblack@utah.gov. Or by mail to:
Utah Council on Victims of Crime
C/o Utah Office for Victims of Crime
350 East 500 South, Suite 200
SLC, UT 84111

Please Submit Awards under the following Categories:

UTAH CRIME VICTIM SERVICE AWARD

This award honors extraordinary individuals and/or programs that provide services to victims of crime. Recognizing programs and/or individuals whose work has been particularly noteworthy. This award honors programs/or individuals for their extraordinary and selfless efforts resulting in positive and lasting changes in the lives of crime victims.

ADVOCACY IN ACTION AWARD

This award recognizes a program, organization, or individual who has helped to expand the reach of victims' rights and services, most notably to professions not traditionally serving victims.

PUBLIC POLICY AWARD

This award honors those whose leadership, vision, and innovation has led to significant changes in public policy and practice that benefits crime victims.

UTAH CRIME VICTIM SERVICE LIFETIME ACHIEVEMENT AWARD

The prestigious award honors extraordinary individuals for their outstanding long-term efforts to advance or enforce crime victims' rights. This award recognizes the extraordinary efforts of those who lead initiatives or reforms and make extraordinary contributions that impact victims of crimes.

Nomination Form

NOMINATOR INFORMATION:

Nominator's Name _____

Nominators Organization _____

Nominator's Mailing Address _____

City _____ State _____ ZIP _____

Telephone Number (____) _____ Fax Number (____) _____

E-Mail _____

Group Nominations: If you are nominating an organization or program, please provide the information below for all of the individual(s) who would accept the award on behalf of that organization or program. Please note that only one plaque will be presented per award nomination at the awards ceremony, regardless of the number of individuals accepting on behalf of an organization or program. If the nominee is an organization, program, or team, the name, contact information, and signature of the individual authorized to accept the award is needed. If a team is nominated ((and each individual team member wishes to participate in the awards ceremony), please complete a separate nomination form for each individual on the team.

Abstract of Nominee's Accomplishments (*Mandatory*) On a separate sheet of paper, in 100 words or less, please summarize the nominee's accomplishments and your reason for nominating this individual, program, or organization.

Relationship to Nominee (*Mandatory*)

Do you have a financial or familiar relationship to the nominee? Yes No

If you selected yes, on a separate piece of paper, please summarize your relationship to the nominee.

____ to the best of my knowledge, all of the information contained in this application is true and correct.

NOMINEE INFORMATION:

Nominee's Full Name: _____

Name for Award Plaque (if different from full name) _____

If you are nominating a group of individuals, please ensure that the plaque name provided is the same for each nominee in that group. You must submit a nomination form for each nominee. A group will receive only one plaque.

Nominee's Title _____

Nominee's Organization _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone Number (____) _____ Fax Number (____) _____

E-Mail _____